

# Arizona Health Care Cost Containment System



**AHCCCS Community Relations  
Monthly Web-Conference  
September 29, 2008**

# Introduction

- Background
- Administration
- Covered Services
- Eligibility Requirements
- How to Apply
- Who can Apply

# AHCCCS

- Medicaid is a federal/state partnership designed by Congress in 1965 to provide health care for low income women, children, the elderly and disabled
- Arizona was the last state to join the Medicaid program in 1982
- AHCCCS operates its managed care model under the 1115 waiver
- AHCCCS covers acute, long term care, and behavioral health services
- Today Arizona's Medicaid/SCHIP programs cover over 1 million beneficiaries

# Federal Health Care Structure

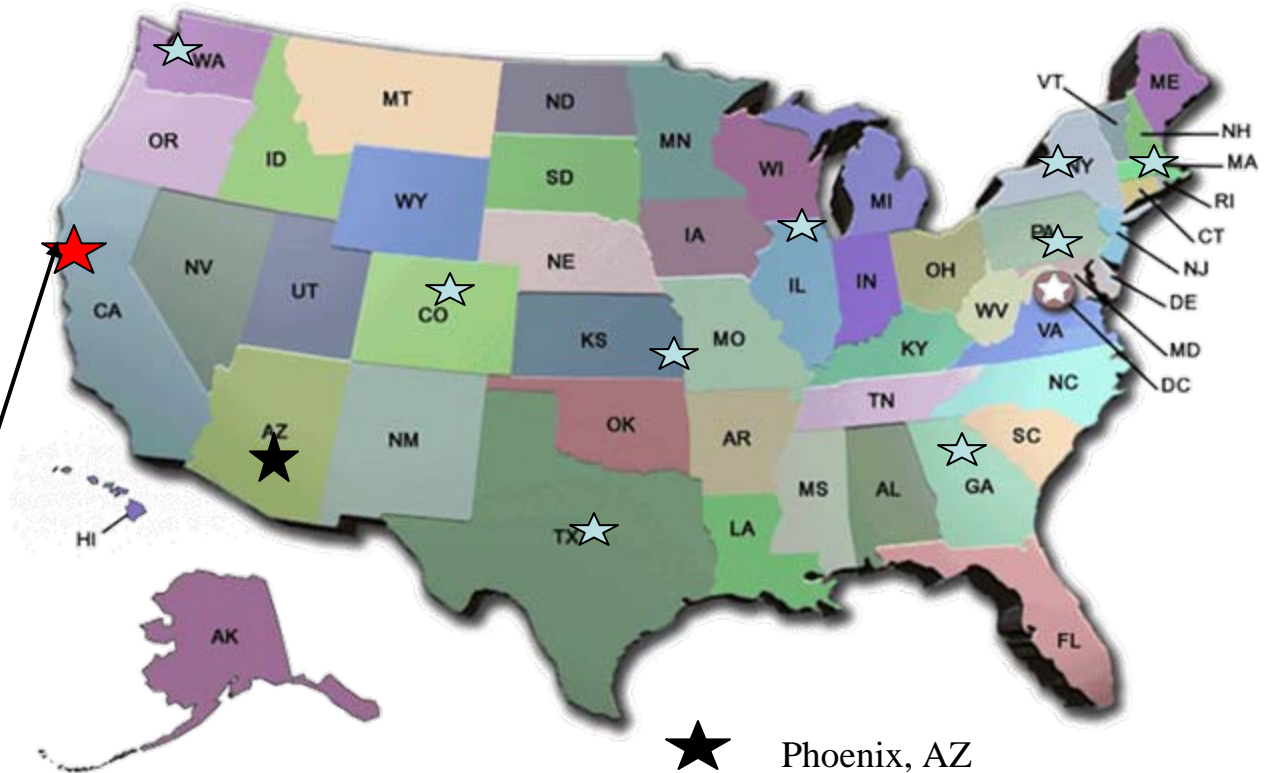
**FEDERAL GOVERNMENT  
PRESIDENT'S CABINET**

**HEALTH & HUMAN SERVICES  
(HHS)**

**CENTERS FOR MEDICARE  
& MEDICAID SERVICES  
(CMS)**

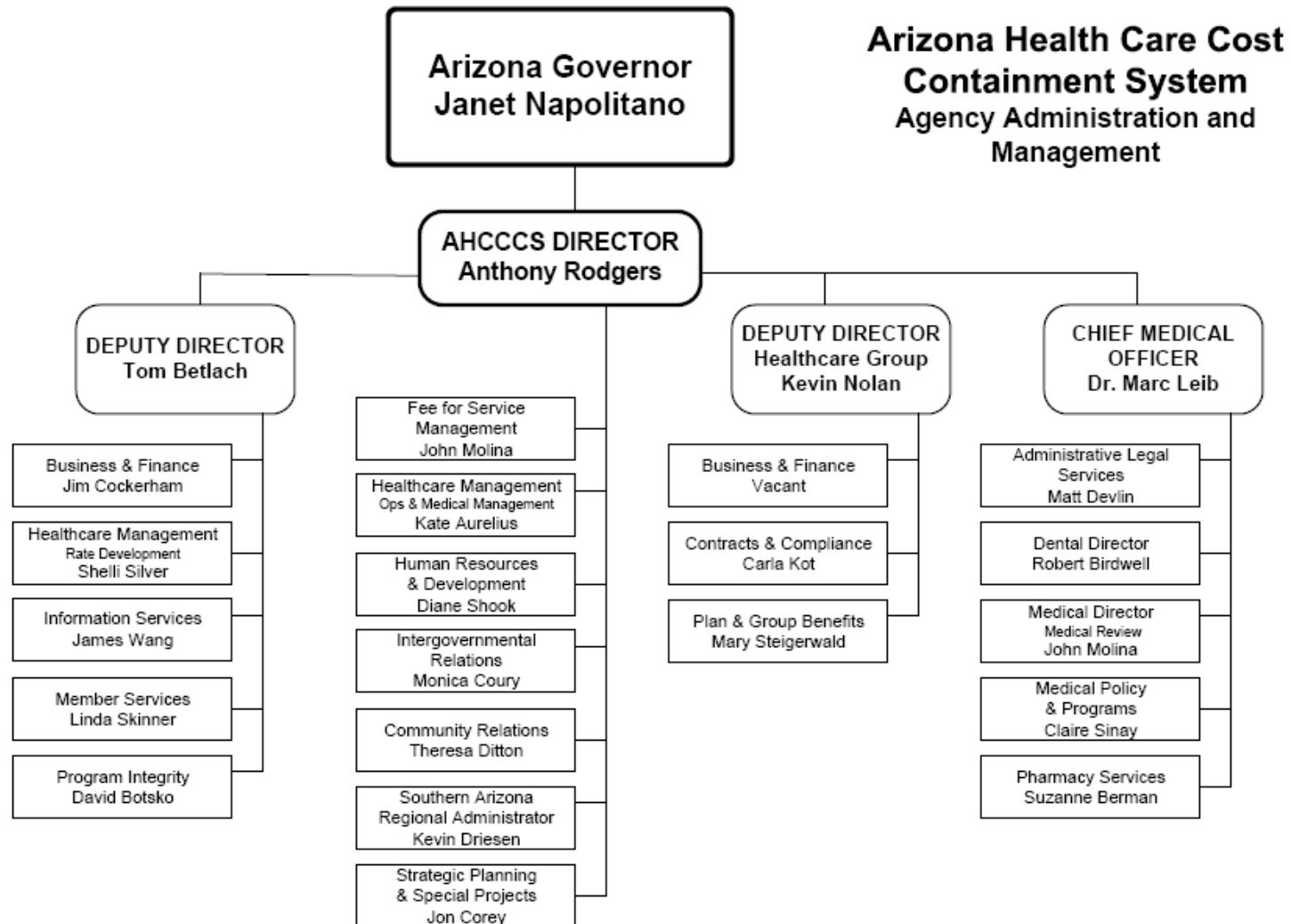
**CMS REGION IX  
FIELD OFFICE  
SAN FRANCISCO, CA**

**ARIZONA HEALTH CARE  
COST CONTAINMENT SYSTEM  
(AHCCCS)**



- ★ Phoenix, AZ
- ★ San Francisco, CA
- ★ Other Regional Offices

# AHCCCS Organizational Chart



# AHCCCS Vision / Mission / Core Values

## **VISION:**

Shaping tomorrow's managed health care ...  
From today's experience, quality and innovation.

## **MISSION:**

Reaching across Arizona to provide comprehensive,  
Quality health care for those in need.

## **CORE VALUES:**

Passion, Community, Quality, Respect, Accountability, Innovation,  
Teamwork, and Leadership.

# Covered Services

- Hospital care
- Doctor's visits
- Pharmacy
- Medical Supplies
- Lab & Imaging Services
- Durable Medical Equipment
- Behavioral Health Services
- Medically Necessary Transportation

# Health Plan & Program Contractor Contact List

## Acute Care Health Plans –

<u>Health Plan Name</u>	<u>Phone Number</u>	<u>Website Address</u>
University Family Care	1-888-708-2930	<a href="http://www.universityfamilycare.com">http://www.universityfamilycare.com</a>
Maricopa Health Plan	1-800-582-8686	<a href="http://www.mhpaz.com">http://www.mhpaz.com</a>
APIPA	1-800-348-4058	<a href="http://www.myapipa.com/overview.htm">http://www.myapipa.com/overview.htm</a>
Pima Health Plan	1-800-423-3801	<a href="http://www.pimahealthsystem.org">http://www.pimahealthsystem.org</a>
Care 1st Arizona	1-866-560-4042	<a href="http://www.care1st.com">http://www.care1st.com</a>
Mercy Care Plan	1-800-624-3879	<a href="http://www.mercycareplan.com">http://www.mercycareplan.com</a>
PHP/Community Connection	1-800-747-7997	<a href="http://www.php-cc.com">http://www.php-cc.com</a>
Health choice AZ	1-800-322-8670	<a href="http://www.healthchoiceaz.com">http://www.healthchoiceaz.com</a>

## Long Term Care Health Plans –

<u>Health Plan Name</u>	<u>Phone Number</u>	<u>Website Address</u>
SCAN – LTC	1-888-540-7226	<a href="http://www.scanhealthplan.com">http://www.scanhealthplan.com</a>
Cochise Health Systems	1-800-285-7485	<a href="http://www.co.cochise.az.us/CASS/CHS.htm">http://www.co.cochise.az.us/CASS/CHS.htm</a>
Pinal/Gila LTC	1-800-831-4213	<a href="http://www.co.pinal.az.us/LTC/">http://www.co.pinal.az.us/LTC/</a>
Pima Health Plan	1-800-423-3801	<a href="http://www.pimahealthsystem.org">http://www.pimahealthsystem.org</a>
Bridgeway Health Solution	1-866-475-3129	<a href="http://www.bridgewayhs.com">http://www.bridgewayhs.com</a>
LTC DD DES	1-800-624-4964	<a href="http://www.de.state.az.us/ddd/">http://www.de.state.az.us/ddd/</a>
Mercy Care Plan	1-800-624-3879	<a href="http://www.mercycareplan.com">http://www.mercycareplan.com</a>
Yavapai Long Term Care	1-800-850-1020	<a href="http://www.co.yavapai.az.us/LTC.aspx">http://www.co.yavapai.az.us/LTC.aspx</a>
Evercare Select	1-800-293-0039	<a href="http://www.evercareonline.com/products/select.html">http://www.evercareonline.com/products/select.html</a>

## Behavioral Health Plans –

Arizona Dept. of Health Services	1-800-392-2222	<a href="http://www.hs.state.az.us/bhs/aboutbhs.htm">http://www.hs.state.az.us/bhs/aboutbhs.htm</a>
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# AHCCCS Eligibility Requirements

- Based on the Federal Poverty Level (FPL)
- FPL revised every April
- Different eligibility categories have different requirements

# AHCCCS Eligibility Requirements



## AHCCCS ELIGIBILITY REQUIREMENTS April 1, 2008



Where to Apply	Eligibility Criteria				General Information	
	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security #	Special Requirements	Benefits	
Coverage for Children						
S.O.B.R.A. Children Under Age 1	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent Child living with 2 parents	% of \$1,214 % of \$1,634 % of \$2,054	N/A	Required	N/A  AHCCCS Medical Services <sup>3</sup>
S.O.B.R.A. Children Ages 1 – 5	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent Child living with 2 parents	% of \$1,153 % of \$1,552 % of \$1,951 <sup>2</sup>	N/A	Required	N/A  AHCCCS Medical Services <sup>3</sup>
S.O.B.R.A. Children Ages 6 – 19	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent or spouse Child living with 2 parents	% of \$ 867 <sup>2</sup> % of \$1,167 % of \$1,467	N/A	Required	N/A  AHCCCS Medical Services <sup>3</sup>
KidsCare Children Under Age 19	Mail to KidsCare 920 E. Madison, MD 500 Phoenix, Arizona 85034	1 2 3 4 Add \$600 per Add'l person	\$1,734 \$2,334 \$2,934 \$3,534	N/A	Required	<ul style="list-style-type: none"> <li>Not eligible for Medicaid</li> <li>No health insurance coverage within last 3 months</li> <li>Not available to State employees, their children, or spouses</li> <li>\$10-35 monthly premium covers all eligible children only</li> <li>Premium included in parent's if parent is covered under Health Insurance for Parents</li> </ul> AHCCCS Medical Services <sup>3</sup>
Coverage for Families or Individuals						
AHCCCS for Families with Children	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 2 3 4 Add \$300 per Add'l person	\$ 867 \$1,167 \$1,467 \$1,767	N/A	Required	<ul style="list-style-type: none"> <li>Family includes a child deprived of parental support due to absence, death, disability, unemployment or underemployment</li> </ul> AHCCCS Medical Services <sup>3</sup>
AHCCCS Care (AC)	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Applicant living alone Applicant living with spouse	% of \$ 867 % of \$1,167	N/A	Required	<ul style="list-style-type: none"> <li>Ineligible for any other categorical Medicaid coverage</li> </ul> AHCCCS Medical Services <sup>3</sup>
Health Insurance for Parents	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office or Mail to KidsCare 920 E. Madison, MD 500 Phoenix, Arizona 85034	1 2 3 4 Add \$600 per Add'l person	\$1,734 \$2,334 \$2,934 \$3,534	N/A	Required	<ul style="list-style-type: none"> <li>Ineligible for any categorical Medicaid coverage</li> <li>Parent living with a child who is eligible under S.O.B.R.A. or KidsCare</li> <li>No health insurance coverage within last 3 months</li> <li>Not for State employees, their children, or spouses</li> <li>Monthly premium of 3% to 5% of income for all covered parents and KidsCare Children</li> <li>\$15-\$25 per parent enrollment fee before coverage can begin</li> </ul> AHCCCS Medical Services <sup>3</sup>
Medical Expense Deduction (MED)	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 2 3 4 Add \$120 per Add'l person	\$ 347 \$ 467 \$ 587 \$ 707	\$100,000 No more than \$5,000 liquid	Required	<ul style="list-style-type: none"> <li>Ineligible for any other Medicaid coverage.</li> <li>May deduct allowable medical expenses from income</li> </ul> AHCCCS Medical Services <sup>3</sup>
Coverage for Women						
S.O.B.R.A. Pregnant	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	For a pregnant woman expecting one baby: Applicant living alone Applicant living with: 1 parent or spouse Applicant living with 2 parents (Limit increases for each expected child)	\$1,750 % of \$2,200 % of \$2,650	N/A	Required	Need proof of pregnancy  AHCCCS Medical Services <sup>3</sup>
Breast & Cervical Cancer Treatment Program	Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office	N/A	N/A	N/A	Required	<ul style="list-style-type: none"> <li>Under age 65</li> <li>Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Healthcheck Program</li> <li>Ineligible for any other Medicaid coverage</li> </ul> AHCCCS Medical Services <sup>3</sup>

# AHCCCS Eligibility Requirements



## AHCCCS ELIGIBILITY REQUIREMENTS April 1, 2008

Application	Eligibility Criteria				General Information
Where to Apply	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security Number	Special Requirements	Benefit

### Coverage for Elderly or Disabled People

Long Term Care	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	\$ 1,911 Individual	\$2,000 Individual <sup>4</sup>	Required	<ul style="list-style-type: none"> <li>Requires nursing home level of care or equivalent</li> <li>May be required to pay a share of cost</li> <li>Estate recovery program for the cost of services received after age 55</li> </ul>	AHCCCS Medical Services <sup>3</sup> , Nursing Facility, Home & Community Based Services, and Hospice
SSI CA&H	Social Security Administration	\$ 637 Individual \$ 955 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> <li>Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>3</sup>
SSI MAO	Mail to: SSI MAO 701 E Jefferson MD 400 Phoenix, Arizona 85034	\$ 867 Individual \$1,167 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>3</sup>
Freedom to Work	Mail to: 701 E Jefferson MD 7004 Phoenix, AZ 85034 602-417-6677 1-800-654-8713 Option 6	\$2,167 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> <li>Must be working and either disabled or blind</li> <li>Must be age 16 through 64</li> <li>Premium may be \$0 to \$35 monthly</li> </ul>	AHCCCS Medical Services <sup>3</sup>
SSDI-Temporary Medical Coverage	Mail to: SSDI-TMC 700 E Jefferson Phoenix, AZ 85034 602-417-6692 1-877-654-8713 ext 76692	No Income limit	N/A	Required	<ul style="list-style-type: none"> <li>Receiving Social Security Disability Income</li> <li>Not eligible for Medicare</li> <li>No Other health insurance coverage</li> <li>Premium may be \$60 to \$300 monthly</li> </ul>	AHCCCS Medical Service <sup>3</sup>

**Important Notice About the  
SSDI-Temporary Medical Coverage Program**  
<http://www.azahcccs.gov/Services/Programs/SSDI-TMCNotice.pdf>

### Coverage for Medicare Beneficiaries

QMB	Mail to: SSI MAO 701 E Jefferson MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 867 Individual \$1,167 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A</li> </ul>	Payment of Part A & B premiums, coinsurance, and deductibles
SLMB	Mail to: SSI MAO 701 E Jefferson MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 867.01 – \$1,040 Individual \$1,167.01 – \$1,400 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A</li> <li>Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium
QI-1	Mail to: SSI MAO 701 E Jefferson MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 1,040.01 – \$1,170 Individual \$1,400.01 – \$1,575 Couple	N/A	Required	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A</li> <li>Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium

Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants and must provide documentation of identity and U.S. Citizenship or immigrant status. Applicants for S.O.B.R.A., AF Related, AC, MED, SSI-MAO, and Long Term Care who do not meet the citizen/immigrant status requirements may qualify for Emergency Services.

**NOTES:** 1 Income deductions vary by program, but may include work expenses, child care, and educational expenses.

2 Income considered is the applicant's income, plus a share of the parent's income for a child, or a share of the spouse's income for a married person.

3 AHCCCS Medical Services include, but are not limited to, doctor's office visits, immunizations, hospital care, lab, x-rays, and prescriptions.

4 If the applicant has a spouse living in the community, between \$20,880 and \$104,400 of the couple's resources may be disregarded.

# Who Can Apply

- Applicant
- Adult family member
- Designated representative
- Representative for an incapacitated or incompetent applicant

# Where to Apply

- Arizona Department of Economic Security
- Social Security Administration
- AHCCCS local offices
- Hospitals and clinics
- Health-e Arizona (Web-based application) User Sites
- IHS and 638-tribally operated facilities
- Federally-Qualified Health Centers
- Some community organizations

# Eligibility Agencies

- **Social Security Administration (SSA)**
  - SSI Cash
- **Department of Economic Security (DES)**
  - AHCCCS for Families & Children
  - SOBRA & Parents covered under HIFA
  - AHCCCS Care
  - Medical Expense Deduction
  - Federal Emergency Services
- **Arizona Health Care Cost Containment System (AHCCCS)**
  - ALTCS
  - KidsCare & Parents covered under HIFA
  - Breast/Cervical Cancer Treatment Program
  - Freedom to Work

# Thank you!



Presented by: Lupe Campos  
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